

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, APRIL 12, 1848. No. 11.

A CARD.—Our readers will remember that in this Journal, of 23d of February last, was published an extract from a letter of a "New York Correspondent," reflecting in gross terms on a Professor in one of the medical colleges in New York. A communication from the Professor alluded to, Professor G. S. Bedford, of the New York University, has since appeared in our columns; and we are satisfied that the charges are unfounded, calumnious, and dictated by malice. We take this occasion to express to Dr. Bedford and his friends, and to the readers of this Journal generally the deep regret we feel that such atrocious and false allegations against an honorable member of the profession should have appeared in our columns. Hereafter, we shall be more scrupulous with regard to such matters; and, in the mean time, we request as an act of simple justice that any journal which may have copied the "extract" will publish this card, which we trust will be considered a sufficient apology by Prof. Bedford, and his friends. We here give the name of the author, viz., Edward H. Dickson, M.D., New York.

DR. WALLACE'S CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM OF THE EYE.—NO. III.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 184.]

*Amatrosis.*

The impediments previously mentioned do not, in general, seriously interfere with the operation of the telegraph, yet there are others which materially derange its utility, or destroy its action altogether. Almost all the impediments to vision from nervous derangement have been called *amaurosis*, which may be defined a partial or total interruption of the optic telegraph. Amaurotic affections may arise from derangement of the keys of the instrument, from interruption of the chain of communication by the conductors, or from imperfection at their terminations in the brain. Should any cause occasion a difference of conducting power, a double image will be seen (*diplopia*). By interruption of individual fibres, or bundles of fibres, in one part of their course, objects may appear disfigured or distorted (*visus defiguratus*); and in another, the half of an object only may be represented (*hemiplopia*). By some peculiarity

of termination, objects may appear larger (megalopia), or smaller (micropia), than they really are.

The causes of the interruption of telegraphic communication are, injury, pressure, excitement, or exhaustion of the telegraph directly, or indirectly, or through the medium of other nerves.

1. *Injury*.—The retina may be injured chemically by exposure to the sun, as by looking at an eclipse, or at the ground when covered with snow. In the language of daguerreotype artists, the plate may be burned. As, in other portions of the body, alteration of structure follows cessation of function, long abode in the dark, or the long existence of cataract, may be followed by increased or diminished susceptibility to the operation of light. The contact of pus, or other abnormal matter, may corrode the retina, and render it unfit for its functions.

The retina may be injured mechanically, by blows on the eye or its neighborhood. Concussion may derange the entire telegraph, or the retina may be wounded, or detached from its connections, and the consequent effusion of blood may, by pressure or chemical contact, so alter the delicate membrane, that its functions may never afterwards be restored. The conductors or the termination may be torn, or divided, by a foreign body, or by a fractured bone, or the parts may be injured by incessant application.

2. *Pressure*. (a) *By dilatation of vessels*.—Dilatation of the vessels by inflammation, congestion, or varicosity, may, by the pressure thus occasioned, prevent the action of the instrument. Even in a common cold, the congestion of the orbital tissues causes a halo round a lighted candle, and other symptoms of disturbed conveyance. Varicosity or aneurism of the vascular membrane or choroid, or any of the vessels along the course of the entire organ, will interfere with the function of vision. (b) *Effusion* subclerotic, subchoroid, or vitreous dropsy, dropsy of the sheath of the nerve, hydrocephalus, the effusion of coagulable lymph, pus or blood, will in like manner impede or destroy the perception of external objects. (c) *Foreign bodies*. Percussion caps, or other foreign bodies, are sometimes forced into the eye, and cause pressure and irritation. When the crystalline lens is forced from its connections, it acts as other foreign bodies. (d) *Alteration of structure*. The formation of false membranes, ramollissement, induration, ulcers, gouty or other concretions, scrofulous tubercles, cysts, tumors, exostosis, watery vesicles, hydatids, entozoa, neuromata, melanosis, fungus hæmatodes, &c., will interfere with impression, conveyance or perception.

3. *Excitement*. Emotions of the mind, as joy, sorrow, or rage, sometimes occasion blindness. The retina in the Spaniard or Portuguese glows, like that of an animal furnished with a tapetum, when they are excited. In pleasing emotions the eye is lively; whereas it is inactive and dull, during sorrow and care. The excitement produced by alcoholic drinks, tobacco, coffee, and other poisons, is a frequent source of partial or total loss of vision.

4. *Exhaustion*. By defective nourishment, hæmorrhage, protracted lactation, chronic diarrhœa, or adynamic fever, the supply of blood to the

brain is diminished, and the eye is deprived of its usual vitality. Diminished action of the heart, prussic acid, digitalis, and other medicines which enfeeble the circulation, have a similar effect.

*Interruption of communication from diseases of other nerves.*—It has been already mentioned that division of the 5th pair within the cranium causes blindness; we may consequently infer, that conditions similar to those affecting the second pair, will be followed by similar results. Wounds of the frontal or supra-orbitary nerve are a frequent source of amaurosis. The irritation of foreign bodies in the branches of the fifth pair, carious teeth, necrosis, or cancer of the maxillary bones, have all been followed by loss of sight.

From the distribution of the nerves of nutrition to the eye, and the consequences of their division, we learn how affections of the abdominal viscera affect vision. Worms in the intestines, diseases or abuse of the re-productive organs, morbid conditions of the liver, stomach, &c., are perhaps the most frequent causes of amaurosis.

*Symptoms.*—Although the symptoms of amaurosis are for the most part subjective, and, either with or without scotomata, and photopsia, consist of partial or total loss of sight, without opacity of the refractive media, the complaint may be recognized by the peculiar appearance of the iris, which is almost always dull in its motions, and contracted or distorted in form; the conjunctiva traversed with vessels of a peculiar hue, between that of arterial and venous blood, the vacant look, the pale countenance, and the peculiar gait.

*Diagnosis.*—Long before the catoptric test was heard of, I was in the habit of examining patients with a magic lantern, either in a dark room, or under an umbrella with a curtain round the margin, and was enabled to recognize cases of cataracta pigmentosa, closure of the pupil, &c., which had previously been treated as amaurotic affections. With the magic lantern, unaffected by adventitious light, not only may any opacity of the humors be detected, but opaque spots may sometimes be seen on the retina.

#### THE IMPROVED CO-APTER AND SPLINTS, INVENTED AND PATENTED BY O. D. WILCOX.

[Communicated for the Boston Medical and Surgical Journal.]

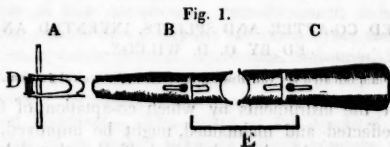
THINKING that the instruments by which co-aptation of fractures and dislocations is effected and maintained, might be improved, and at the same time their cost reduced nearly one half, also that there was a call for such improvement, and that they would readily meet the approbation and encouragement of the profession, I have endeavored to effect such improvement, and with the information which I have received from professors of surgery concerning their requirements and indications, and other important suggestions, I have been able to accomplish my designs. All agree that an instrument by which we can produce extension, coun-

ter-extension and transverse-extension, but which shall in no way interfere with each other, or with the motion of the limb, will have great advantages over means which make extension between two fixed points. I am aware of this being the design of the instrument invented and patented by George O. Jarvis, M.D. But there appear to be objections to that instrument. It is not well applied to the hip and shoulder, the dislocations of which are the most important, besides its being too complicated, which makes it difficult to apply, and which also gives it so high a price that but few are willing to purchase it. I have seen it fail on the shoulder, in the hands of one of the most skilful operators. The cause of failure appeared to be the want of support to the scapula. As the shoulder was some swollen, it was impossible to fix or give much support to the scapula with that instrument. With the co-apter these objections are remedied, as its price, and the description of its construction and use will show.

There are now in use several kinds of double inclined planes and splints for the leg and arm, some of which possess one important advantage and some another. By the following figures and description of my splints, it will be found that they have the advantages of all others combined, besides other important improvements. They are made of sheet iron, and well japanned; they are formed in a press between two iron dies, and as great pains have been taken in giving these dies the right form, they give an excellent form and fit to all the splints and planes.

The advantages of metal splints are these: they are much more durable, as they are not liable to get broken or split; and when japanned, will not be affected by the washes that may be applied to the limb. They are not as heavy, and do not take up so much room as the wooden ones. The double inclined planes can be taken in pieces and packed, or used as separate splints, and with the dies and press which we have alluded to, they can be made with little more than half the expense of others.

*Fig. 1.*—The double inclined plane, in three pieces, as they will be found in the cases. A, foot piece; B, lower portion or splint for the



leg; C, upper portion or splint for the thigh; D, cylinder or windlass; E, rod, with hooks on each end to support the plane at different angles. The edges of the planes are rolled around large wires, which improves their appearance, and renders them quite strong; these wires form the hinges at the knee, the dowels by which the foot pieces are put on at the ankle, and the bearings on which the cylinder turns.



Fig. 2.—One of the planes put together. A A, loops to which the rod running from A A may be hooked to retain the plane at different an-

Fig. 2.



gles; B, cylinder, ratchet wheel, catch and lever, for making and retaining extension. The extension may be retained by the catch and ratchet wheel, or by attaching a weight to the lever, as the case may require. Each portion of the plane can be varied in length, so as to suit different patients, and retained at the required length by the thumb-nuts over A A; C, a fracture shoe, which is applied to the foot similarly to a skate, and fastened to the plane by passing a tape over its bottom through the holes in the cylinder, and tying the ends together. If the foot-piece is not needed on, it may be removed, as seen in fig. 1; or if the splint is wanted for the knee, as in ankylosis, necrosis, and other diseases and injuries of that joint, the thumb-screws over A A, fig. 2, may be removed, and the lower half of the upper and lower portions slipped off, which will leave an excellent splint for that place. As the angle of this can be varied and sustained at different degrees, it has an important advantage over the carved ones.

Fig. 3.



Fig. 4.



Fig. 3.—One of the arm splints, in two pieces, as they will be found in the cases. A, the upper portion; B, a rod for sustaining the angle; C, the lower portion, which has two joints, one of which holds it obliquely for the right arm, the other for the left, and the length can be varied to fit different patients, or crooked so as to fit either arm, and fastened by the thumb-nut.

Fig. 4 is put together for the left arm.

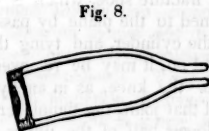
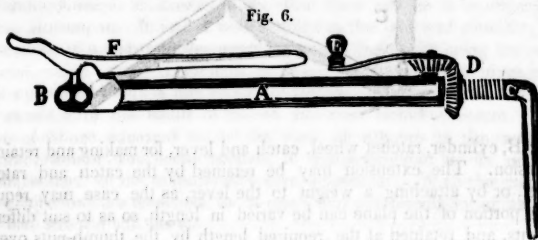
Fig. 5.



Fig. 5.—The spoon splints for the wrist and hand. These will be found an excellent fit for the back of the hand and fore-arm, and are not

only adapted to fractures, but will be quite handy in cases of wounds in the hand and wrist, where it is necessary to keep them in a fixed position.

In addition to these, there will be found in each case the straight splints, which are made of wood and leather.



**Fig. 6.**—The co-apter. A, brass barrel or tube, which is thirteen inches long and seven eighths of an inch in diameter, with a five eighths of an inch bore in it, in which is the extending bar; B, socket for the counter-extending braces; C, a screw which forms the extending bar; D, mitre gears, one of which acts as a nut on the screw, the other turns on a pivot which is made on the side of the barrel; E, a crank, which is made fast to the side gear. By turning this crank, the gear which acts as a nut on the screw is turned, and the screw forced out with a hundred-fold power; F, a lever for applying transverse power.

**Fig. 7.**—The counter-extending braces, which are used in all cases except in making longitudinal extension on the femur. For the want of a better name, we have called them the braces. They are fitted to the socket B, and as each one has a round socket, they may be opened so as to fit the required size.

*Fig. 8.*—Counter-extending brace for the hip, which is also fitted to the socket B.

*Fig. 9.*—A collar for the shoulder. It has loop, on each side (into which the shoulder braces are to be set), and buckles at the top and bottom, by which its size may be varied so as to fit different patients.

There will also be found, in each case, belts, straps and cords, sufficient for all applications.

For a dislocation of the shoulder, the co-apter is applied over the arm; the counter-extension is taken at the centre of motion, from the collar, which is placed on around the shoulder; the extension, from a belt which is buckled around the arm just above the elbow, and tied to the extending bar; and the transverse-extension, by a strap which is passed under the arm and over the end of the lever. As the counter-extension is taken from the centre of motion, the arm may be freely moved without affecting either the extension, counter-extension or transverse-extension, and the collar prevents all motion of the scapula.

For a dislocation of the hip, the co-apter is applied on the outside of the limb, with the hip brace, which rests high on the dorsum of the ileum; the counter-extension is taken by passing a strap under the perineum and over the upper angle of the brace. (This leaves the counter-extending strap to draw in the same direction as when applied with the pulleys.) The extension is from a belt which is buckled around the limb just above the knee, and tied with strong cords to the extending bar; and the transverse-extension, from a strap which passes under the thigh and over the end of the lever. Here, as before, we have extension, counter-extension, and transverse-extension, without in any way interfering with each other or with the motions of the limb, and as powerful as the operator may see fit to apply.

This instrument is equally well applied to all other dislocations and fractures. It may be effectually used to keep up extension, in cases of fractures of the neck and oblique fractures of the shaft of the femur; and as it is used on the outside of the limb, and nothing is left to pass under the patient except a strap, it will not be in the way or cause irritation. The oblique fractures of the leg (which have caused the surgeon so much trouble, and often been the subject of prosecutions for mal-practice) may be easily brought into place and retained any length of time, with the lower portion of these planes, with or without the upper portion. Also fractures, or fractures and dislocations of the fore-arm, however bad they may be, can be easily brought into shape and retained, with the splints for the arm and wrist.

For a full description of the use of these instruments, the reader is referred to a publication which is prepared to accompany each case. We are able to put the co-apter and two sets of splints (large and small) into a case the size of country physicians' medicine trunks, and sell them for \$40 a case. As some who have a large supply of splints wish for the co-apter, we have put that in a separate case for \$27. Others who have other instruments on hand, wish for splints, which may be had in a case for \$15, or without a case for \$7 a set. At these low prices

the profession cannot think of receiving the instruments from travelling agents, but all orders addressed to the subscriber, by mail or express, will be promptly attended to.

O. D. WILCOX.

West Boylston, Mass., March, 1848.

#### OPIUM IN ENTERITIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I am willing the reader should understand, in the commencement of this article, that I differ from my medical brethren—some of them at least—in regard to the use of opium in enteritis. I care not, Mr. Editor, whether I am alone, or sanctioned by the multitude, in my views concerning the best method of combating disease, except as it regards the welfare of my fellow sufferers. Every philanthropist feels an anxiety to have each system of medication founded upon, and directed by true philosophical principles. To practise medicine successfully, a man must be a natural philosopher. Philosophy develops mighty truths, daily. Thus we see that man is a progressive being. Because the multitude have said amen to, or sanctioned a point in what they may be pleased to term philosophy, it does not follow invariably that it is a fact positive; because the nature of error cannot be changed, though it should have the entire sanction of the universe. Physicians, in my opinion, are too apt to practise medicine from book knowledge. I have had physicians tell me that they make use of such and such medicines, because they are recommended by such and such authors. Now I would just as soon employ a common blacksmith to repair my watch, as I would such a man to cure my system of disease. They seem to be ignorant of those notable differences technically termed *idiosyncrasies*, viz., that some constitutions have a particular fondness for, or aversion to, some kinds of medicines or articles of food. Book knowledge, it is true, enables us, in a measure, to take into cognizance the various phenomena, but not to discriminate correctly and philosophically the mysterious differences in the constitutions of men.

But what position shall I occupy in the battle against opium, in order to be safe from the weapons of my antagonist? I shall not dodge or fight in ambush, for my premises are correct. I shall take my stand where I can give King Opium the main charge from my blunderbuss. I go against the use of this article entirely in *inflammation of the bowels*. I have not decided against its use prematurely. I have carefully watched its effects, and have come to reject it from actual experience. I sincerely believe, and shall, until I am convinced that I am in error, that opium produces many more "fatal cases of constipation" than the disease itself. This is my conclusion, be it correct or false, right or wrong. I believe I shall be able to make it appear that I am not altogether in an error.

In the first place, let me ask, what is *enteritis*? All will say at once,

that it is an inflammation of the *bowels*. The characteristics are, pain in the abdomen, nausea, vomiting, costiveness, accompanied with a degree of fever. Secondly, what produces this inflammation? The answer to this is, it is caused by acrid irritating substances, indurated fæces, &c., acting as extraneous bodies on the mucous coat of the intestines. This being a fact positive, what are we to do? Are the secretions of the alimentary canal more abundant than usual, and is there an undue peristaltic motion going on? Most assuredly not. Our object and duty should be, to increase, not lessen these important functions. To accomplish the grand ultimatum, shall we give opium "every hour"? Common sense says no. All nature declares against it. It has a drying, tightening effect on the mucous membrane of the lungs, and does it not have the same drying effect on the mucous membrane of the intestines? In my opinion it does, and more directly too. It lessens, not increases, the secretions; retards, not augments, the peristaltic motion.

I do not wish to be understood as saying that opium produces these "fatal cases of constipation" independent of an inflammatory action going on, for such is not my meaning. What I mean is this. Opium dries up the secretions, prevents physic from operating, thus directly increasing the inflammation instead of lessening it. To be sure the patient gets relief, in a measure, from pain, while under its influence, in the first stages of the disease, but not in the latter. But does the patient get any lasting benefit from this exemption from pain, while under the influence of opium? I answer in the negative. The last state of the man is worse than the first. You not only have to contend with the actual disease itself, in an aggravated form, but with the constipating effect of opium, unless it possesses more the properties of a cathartic in the hands of others than it does in my own.

In order to treat disease successfully, we must, before making use of one single *medicinal* agent, discriminate closely, ascertain, if possible, where the difficulty lies, what particular organs are affected, and what organic or functional derangement has taken place to produce this abnormal state of the system. In the next place, we are to inquire of ourselves, what are the recuperative means to be made use of. If we are satisfied that this disturbance in the system is brought on by a lodgement of irritating substances in the bowels, then we are called upon to labor assiduously to remove this lodgement. Every hour we fail in getting an operation from the bowels, our patient's chance of recovery grows much smaller. But, says one, "is this not my theory as well as yours?" "Will not opiates greatly assist the operation of purgatives by allaying the pain and relaxing the spasmodic contraction of the bowels?" We say, not so. This constricted state of the bowels is very different from spasmodic contractions in other parts of the system. Between them there is no analogy. In *cholera morbus* we have severe spasm, calling loudly for opium and brandy. In enteritis we have an active inflammation going on, demanding depletion.

Having expressed my views in regard to what may be considered "bad practice" in enteritis, I will now proceed to state briefly what I consider

good practice. Our treatment in this disease, as in all others, must be modified by the violence of the disease and strength of the patient. Bleeding does well, if performed as soon as the first symptoms appear. Large doses of physic must be early administered. Physicians, in my opinion, are too apt to give their "large doses" in too late a stage of the disease, when the system, being already exhausted, is not able to receive them. Given at this period, they no doubt hurry the disease to a fatal termination. Then, I say, urge your physic in the commencement of the disease, if you mean to save your patient. As opium operates directly against physic, let it alone. Instead of giving it to allay pain, apply a large blister to the abdomen. Blisters are not only called for to relieve the pain, but to assist in getting an operation from the bowels. Fomentations should by no means be omitted. They should be perseveringly applied. Work while the day lasts; or, in other words, be active in the early stages of the disease. Injections, copiously administered, promise much. They assist in bringing about the desired end. They should be made of such articles as are in themselves physicks. A strong infusion of senna answers a good purpose.

To do away this constricted state of the bowels, of which authors speak, let us give a solution of emetic tartar, which will do much to bring about a general relaxation of the system. It will do more towards reducing the pulse and lessening the inflammatory action, than any other medicine. But, says one, have we not already vomiting? and will not emetic tartar augment this difficulty? It will, if given in sufficient doses, but not otherwise. Supposing we do get vomiting in consequence of an over dose, no harm will be done, but good will come of it. Who has not been astonished, sometimes, to see how quickly emetics pass off by the bowels.

In conclusion I would say, that since I have adopted the above treatment in *enteritis*, leaving opium out entirely, my "obstinate cases of constipation" have been very rare.

L. ALDRICH.

Reading, Vt., February, 1848.

#### SANITARY RETREAT IN FLORIDA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—This will inform you that I am still advocating the establishment of a sanitary retreat in Florida. After a strict and careful investigation of everything connected with this enterprise, we are unanimously agreed that Palatka, in East Florida, supersedes every other place for the erection of the great hotel, or home of invalids. You will probably recollect that this place was chosen by the U. S. Government, during the Florida war, for its healthy locality, as a suitable site for the main hospital.

Palatka is situated about a half degree south of St. Augustine; twenty-two and a half miles from the ocean, in lat.  $29^{\circ} 30'$ . It enjoys a salubrious climate, free from a damp and pernicious atmosphere, having the

reputation of being healthy throughout the year. It is central to all other places on the St. John's River; being distant from Jacksonville, 75 miles; from St. Augustine, 30 miles; from Enterprise, Lake Munroe, 150; and from Orange Springs, 23 miles. It is also the terminus of regular steam navigation on that river.

Dr. Wurdemann has already expressed his sentiments in favor of the above place. As he says—"Nothing would give me greater pleasure than the erection of a good house at Palatka," although he regards the region of Lake Munroe as the mildest climate in East Florida; but the danger of malaria fevers at the Lake prevents us from detaining our patients there beyond the period of three months during the winter. Yet Enterprise, with its springs, will form an excellent adjunct in the treatment of advanced stages of tubercular consumption. And such class of patients, if they wish, can be readily carried by steam to that place, forming a pleasing and interesting lake excursion.

A gentleman of Palatka offers to invest a beautiful live-oak growth adjoining the town as a site for the hotel, which will form a delightful promenade; he also proposes to give other lots if wanted. We are at present having a plan of the building executed by a good draughtsman, combining everything suitable for that climate, and likewise having every convenience of a northern house; no pains being spared to render it agreeable and commodious—the intention being to seize on every facility to make it a rural and delightful retreat, organized and founded upon the best medical principles. The cost, including all outlays, will probably amount to fifty thousand dollars, and the hotel is intended to accommodate near two hundred people.

We shall soon be ready to submit our plans and authorities to the consideration of the medical profession, and shall earnestly entreat them to aid us in establishing this philanthropic institution, which meets with applause and public approbation throughout the Union. The capital necessary to complete this enterprise, can be obtained in two ways. First, by a joint stock company, the profits of the house paying for the property in two or three years; second, by liberal subscriptions, the fund accruing from the profits of the house, appropriated to the use of poor invalids, or otherwise, as it may be deemed proper.

I am, dear sir, very respectfully yours,

Portland, Me., April 3d, 1848.

AUGUSTUS MITCHELL, M.D.

#### CHLORIC-ETHER—CHLOROFORM? ITS USES AND ABUSES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Chloric-ether being now fairly before the public, a few remarks regarding its admission into certain branches of medical and surgical practice, I trust will not be unacceptable to your numerous readers, inasmuch as it has, simultaneously with its discovery, buried the unfortunate Dr. Wells and his discovered anæsthetic agent in oblivion. It is not to be



wondered at, then, that much excitement should exist, both in the professional mind and that of the public, upon the introduction and exhibition of these "boons" to suffering humanity—so immediately upon each other.

I am not at all disposed to be captious with individuals, or their arguments, who may think proper to use these dangerous agents—to a certain extent I agree with them; but at the same time, while I have the capability and opportunity to raise my voice—feeble to be sure, compared with the talent, respectability and eminence, run chloroform mad!—I will do so, against the hazardous chances from the indiscriminate uses of these subtle fluids or gases. In the grand surgical and severe protracted surgical operations upon the human body, no doubt can possibly exist that *they are* great boons for alleviating and preventing human suffering, insomuch that, whilst the mind and senses partake of this draught of lethe, the shock to the sensorium and nervous system is, perchance, only co-equal or possibly less, than that inflicted by the surgeon's knife, and therefore its indication, in such cases, may be justifiable—but as an indicant in cases of *minor surgery*, or under any circumstances for the *natural* efforts and functions vouchsafed to a perfect organization, for parturition, it is as outrageous as it is unnecessary. We have ample testimonials to prove that the *breath and skin* of children, born, whilst the mother was under the influence of ether or chloroform! were odorated for several hours after their birth. Thus we have the proof that the blood of the mother is highly impregnated with chloric-ether. But we as yet have no proofs of the chemical combinations and changes brought about, or how seriously the vital principles of the blood are affected; but we do know that the safety of one or more of the vital organs, and life, are in an imminent degree compromised by congestions, &c. &c. It is evident that the immediate *action* of chloric-ether, upon the system, is analogous to that of hydrocyanic acid—in a modified degree, however; and its action upon the brain, heart and large bloodvessels, and the lungs, is in every respect the same, if we may judge from the *post-mortem* examinations made upon the bodies deceased from the effects of chloric-ether, compared with those dying from the effects of hydrocyanic acid.

It is much to be regretted that physicians, although at the same time we have reason to be thankful that they are "few and far between," have adopted this "letheon" for their patients during their travail, for, irrespective of the contingencies attendant upon the functions of labor, is it possible to show that this agent does not enhance them—that it does not paralyze the globules of the blood, or produce such chemical changes in its electro-vital properties, as to unfit its *stimulus* agency, and that such blood, *præ* and super-oxidized by the chloric-ether, or by it changed into poisonous *chlorates* and transfused from the *maternal circulation* into the system of the child, will not, and does not, compromise the energy of its frail and untried nervous—*vis nervia*—system? Can it be shown that it does not paralyze the muscular fibres of the heart, preventing the proper closing of the *foramen ovale*? that it will not super-induce disease

of this organ, and dropsical affections of the several cavities, more particularly *hydrocephalus*—and a thousand other ills, that these “rush lights” of human nature are heirs to? Professor Simpson, in his excitement and anxiety for the fame of his valuable discovery, may say, and no doubt conscientiously, that it will do no harm, but, on the contrary, that it is in every case both useful and safe; and paragraphs may pass the “rounds” of the press “that Queen Victoria has ordered the Professor to be in readiness at the Palace, &c. &c.,” of which, with all due respect to the paragraphists, I do not believe one word; and as to its “perfect safety,” the numerous deaths and accidents attendant upon its use, speak as to the truth. I consider that *mothers* would consult their own happiness, to say nothing of health, by fulfilling the edict of bringing forth children “in sorrow,” rather than in misery, in vain regrets, and in self-reproach, perchance, end their wretchedness emphatically in tears and *sorrow*.

By none has the use and abuse of “chloroform” been carried to such an extent as it is by my professional brethren. It would be difficult to find (with one or two exceptions) a dentist who has not an ample supply on hand, for *every* case and every *constitution* presenting themselves. Take the singular fact of a celebrated dental institution, without trial condemning and lecturing against Dr. Wells’s sulphuric ether, and immediately upon the receipt of the formula of this singular nomenclature “chloroform,” trying an experiment with it upon a student, and, although imperfectly done, the article is lauded to the skies as the super-extraordinary discovery and greatest boon ever given to the human kind. From other sources it has also been extolled as not only a preventive of pain, but, *tout au contraire*, the patient revels under the most delightful sensations; “Elysian fields,” “orange groves,” with “peach odoriferousness,” the “music of the spheres,” and a thousand other absurdities. Now what are the facts? I have used “chloroform” in fifty-six dental cases, after having severally exhausted every argument to induce these patients to forego its exhibition, and in six cases for ophthalmic operations performed by Dr. J. Wheeler, of this city. In one case, a young man, who was much excited with the delightful sensations, expressed himself as being in a “most extatic state.” All the others appeared to suffer more or less distress whilst under its influence, and after *resuscitation* had taken place, seemed pleased that the distressing dreamy incubus was not a permanent reality (it is true that they felt no pain), and none were willing to submit a second time to the “delightful sensations”! The “chloroform” which was used in these cases was as pure as it could be distilled, and applied *secundum artem* (if the term can be applied, so can it be to a man’s drinking until he becomes intoxicated), and the symptoms were the same as in numerous other cases, when applied by my professional brethren, viz., the face very livid or turgid, and red from congestion, the eyes variously affected, a noise as if a “train of cars” were actually rumbling through the brain, *innitus aurium*, ringing of bells in the ears and head, sound of gongs and muffled drums, brilliant fantastic scintillations sparkling in the eyes,

with flashes of light, and a thrilling unpleasant sensation running along the courses of the arteries and veins, similar to the pricking sensations all over the body known as the "foot being asleep;" stupefaction, with a knowledge of surrounding objects and the passing conversation, without being able to move or partake therein; a dreamy state, as if oppressed with the "night mare," with the same desire to be relieved; total insensibility, as if in death.

The professional and non-professional reader may justly and will naturally inquire why I, having such an objection to its exhibition, should, under any circumstances, use it. My answer may be explanatory, perchance anything but satisfactory. My patients hear my advice, thank me for my frankness, and go elsewhere and *have it applied*. I therefore conceive that I may do them a little service, or perchance less harm than those who have failed in some honest mechanical trade, and as a *dernier resort* taken up dentistry, no doubt as *mechanical* dentists not to be surpassed, but who play with people's constitutions, whilst they are entirely ignorant of the applicants and elementary principles of medicine and surgery and the physiology of the system.

Putting altogether out of view these objections to its use in the simple dental operations performed in the mouth, there are other reasons adverse to it. By skillful manipulations, dentistical operations can be performed with comparative ease and comfort, although it is not uncommon to hear of a person being lifted four or five times from the floor by an operator, *id est* "operative"! attempting to extract a tooth—but fortunately for the dental profession it would be uncommon and infrequent not to hear the operator praised for his skill, and the *ease* with which he performed the same operation. The patient being either stupefied or insensible, whilst under the influence of chloric-ether, may be considered, for the illustration, as a dead "subject"—the face and its muscles, either being without nervous power, or are rigid, fixed, and the jaws frequently closed, so as to require being *forced* open. The saliva flows as bountifully as in paralysis of these parts, the head falls about, and the operator obtains no assistance whatever from the patient, which, in contra-distinction to other operations, is useful. Everything is done in a hurry, and "nervousness" and mental anxiety, unknown to the regular surgeon, on all sides are carried to such an extent, that the patient is almost sure to get the worst of it. It moreover presents an excellent cover for bungling mutilations in dentistical operations, and ignorant unnecessary manipulations in parturition, to say nothing of the consequent after-irritations and distress.

I have administered the chloric-ether in *two* cases *internally* with less disagreeable effects; and my friend, Dr. Russel, U. S. A. (on this "station"), informs me that he took it himself twice internally—experiencing less unpleasant effects than those he had seen in others where it had been *inhaled*. I believe, after a time, that this method will be found the best and safest method of using "chloroform."

Two cases of partial amaurosis have come under the professional care of Dr. Wheeler, ophthalmic surgeon of this city, superinduced by this agent,

administered for dental operations. I believe it is the intention of the doctor to favor you with a statement, and the peculiar treatment of these cases.

A. C. CASTLE, M.D.

New York, Feb. 29, 1848.

Surgeon Dentist.

N. B.—The numerous deaths and accidents arising from the use of "chloroform," have in a great measure put a stop to dentists using this agent. I believe it is now only used where the patient insists upon taking the responsibility.

March 1, 1848.

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THE PAIN-DESTROYING AGENT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The queries of your New York correspondent (in the Journal of March 29th) call for an answer. Not, however, that the disrespectful manner in which they are issued, entitles them to this courtesy. But the verdancy of *juniors* always entitles them to be tenderly dealt with. It is always difficult, Mr. Editor, for young men to divest their minds of that self-confidence which interferes with its teachableness. As they grow older, they will learn not to despise knowledge, even when it comes from the humblest sources, and to suspect that a partizan tendency, on any subject, shuts them out from the appreciation of truth.

1. The cautious use of anæsthetic agents implies that the practitioner should know something of their history. It is not true that the use of ether has been "abandoned"—it never was adopted by the profession in the days of Christison, or Pereira, or Henry, or any of those authors who forewarn against its pernicious effects. As far as our observations extend, neither the journals nor the veracious "newspapers" have given us any well-authenticated case of death by ether. Several trustworthy physicians of Cincinnati have charged the death of a woman in that city to chloroform, and details have been promised, but have not yet been given to the readers of your Journal. Your correspondent would have learnt some of the cautions in the use of these agents, if he had carefully read Dr. Warren's account of the many cases in which they had been used in the Massachusetts General Hospital.

2. The cautious use of these agents requires that the patient should inhale, together with them, a sufficient quantity of atmospheric air.

3. The state of the pulse and the respiration should be carefully watched, and if the former is unusually feeble, at first slow, and subsequently frequent; and the latter very imperfect and feeble, the atmospheric air should be allowed to revive the patient. Like any mode of intoxication, it may be carried too far.

4. It should be ascertained, from time to time, whether the patient is entirely unconscious or not. If he is not so, it would hardly seem probable that he can be in any danger.

If there are "indiscriminating advocates" of ether and chloroform,

they are as unwise as the indiscriminating opposers and rejecters. Why should we encourage a partizan spirit on the subject? It is the disgrace of our profession, that newly-proposed remedies are not fairly judged. Who can read the history of vaccination and not blush for his craft? The question as to the use of the anæsthetic agents is not to be settled by *authority*, but by trials and the cool judgment of the unbiassed. It may be that "Paris is France," but we cannot consent to believe that the United States is only New York or Philadelphia. MEDICUS.

*April 2d, 1848.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 12, 1848.

*Churchill's Theory and Practice of Midwifery.*—A third edition of this book, which was cordially received on its first appearance, has been published at Philadelphia, from the press of Lea & Blanchard, revised and improved by the author—having 128 engraved illustrations. Dr. Huston, the American editor, says, in a note, that the complete revision of this edition by Dr. Churchill, has rendered additions from his own pen unnecessary. The author's additions, he says, are numerous, and almost on every subject. There is not a teacher of Midwifery, it is presumed, in the States, who does not approve and recommend this carefully prepared volume. It abounds in all that is essential to a perfect scientific understanding of the subject.

*Progress of Home Medical Literature.*—Notwithstanding the activity of the press in the United States, by which the most valuable, as well as some of the worthless medico-literary productions of Europe, are early reproduced here, the question has been appropriately asked, what is the present state, and what are the future prospects, of the medical literature of this country? In answer, we may state, in the first place, that there is no dearth of authors: they are both numerous and active, but are too much in haste to accomplish the great designs of their ambition. This is one of the causes why so few original native works are produced, although the field that invites to this branch of literary labor is both extensive and rich in materials. Few feel themselves to be sufficiently at leisure to construct a regularly built volume, unless possessed of ample means to render it unnecessary to be at the perpetual call of every sick man, woman and child, within the precincts of their acquaintance. Those who do, in spite of the cares incident to daily practice, succeed in presenting their views and opinions to the professional public, through the pages of a book, are commonly obliged to accomplish their literary labors under disadvantages which operate against that kind of finish, necessary to success. Too many American treatises on medicine, therefore, for the lasting reputation of the body from whence they emanate, are imperfect; and hence they are speedily forgotten. This may also be considered as one reason why many American medical writers are prone to theorize, rather than to detail facts, the latter requiring more time than the former. This cause, however, does not prevent a large number

of them from being valuable contributors to medical periodicals, and this Journal, and others in the United States, bear honorable witness to their enterprise. Some of our physicians, too, have achieved wonders in the higher fields of medical literature. Rush, Dorsey, Dewees, Warren, Meigs, Wood, the Becks, &c., are proud monuments of the capacity of American medical philosophers and teachers, when they apply themselves in earnest to laborious researches. Whether it is true that originality like theirs is rare, and that a disposition exists to metamorphose a foreign treatise, by running it through a publishing mill, in the name of an American editor, in order to appear in borrowed plumes, cannot be discussed to-day.

Originality of thought and boldness in execution are characteristics in the practice of American physicians and surgeons. Those who have read the history of their doings in remote sections of the world—China, Siam, and Africa—cannot be otherwise than proud of their success in mastering some of the most formidable and terrific in the catalogue of diseases. The same is true in regard to those devoted exclusively to Obstetric Medicine. In the department, also, of Medical Jurisprudence, and in the management of Insanity, where, or in what age, have this class of practitioners been excelled? But these considerations are diverting us from the main question, the prospects of home medical literature, which were never brighter than at present. Various institutions vie with each other in developing the resources of a science that investigates the laws of our being, and ameliorates the sufferings to which humanity is incident. New and striking exhibitions of mental effort, in all the various branches of medical study, are being made—and it is morally certain, that a few years will serve to bring out results, that will redound to the advancing influence of the medical literature of the Union, and place it on a foundation as firm and glorious as the government whose broad mantle covers and protects the whole.

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*Philadelphia Association for Medical Instruction.*—Having examined the sixth annual announcement of an association of medical gentlemen, whose object is an elevated order of instruction in the various departments of a complete professional education, we think the plan proposed cannot be objected to by those who have at heart the respectability and scientific attainments of all new-comers into the practice of medicine. A regular course of lectures on Medical Chemistry, Institutes and Practice of Surgery, Anatomy, Physiology, Obstetrics, Materia Medica and Therapeutics, Pathology and Practice of Medicine, commences the present month, to continue till October—and the fee for the whole is exceedingly reasonable. Is it unwarrantable to start the idea that this is another incipient College, to be added to the other flourishing institutions of medicine in Philadelphia? The multiplication of facilities invariably increases business, whether in mercantile, agricultural or medical pursuits, notwithstanding the determination of the leading representatives in all branches of thrift, to keep up a cry of ruin, if an old monopoly is endangered, in its dozy happiness of being the recipient of universal patronage.

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*Transferable Spring Sole.*—Messrs. Robinson & French, of Andover, Mass., are the manufacturers of a curious article, which is nothing more nor less than a metallic sole for shoes and boots, which may be transferred

from one to the other. The object, is, first, to give elasticity to the foot, in walking; and, secondly, to keep it perfectly dry. It is so constructed, that when the leather sole is damp, the iron wholly prevents it from being transmitted farther. The invention is calculated to be particularly beneficial for invalids. Ladies can put it into the most delicately-made shoe they allow themselves to wear in the streets, and thus avoid a clumsiness of appearance, and yet obviate the dangers to which they are exposed with the ordinary thin leather soles, of which the guardians of health always complain. Why some one has not brought out this ingenious design before, is somewhat surprising. It is now fairly introduced, and meets with the cordial approbation of mechanics, as well as those who would profit by the suggestion of other minds.

*Medical Competition in England.*—At the present rate of extraordinary annual multiplication of physicians and surgeons, in the United States, which appears wholly beyond the demands of society, the scramble for medical places, of even low distinction, will become as common here, ultimately, as in the mother country. The following paragraph shows the mode in that country of struggling for office, independent of emolument—which seems to have excited the surprise, if not contempt, of the English editor.

“The election of an honorary surgeon to the North Dispensary (rendered vacant by the retirement of Mr. Radcliffe) took place on Monday. Charles Booth, Esq., presided. Thomas Booth, Esq., proposed, and Mr. Mather seconded, Mr. Ewing Whittle. Mr. Harwood Banner next nominated, and Mr. Harrison seconded, Mr. Alanson. Mr. George Armstrong proposed, and the Rev. J. Reid seconded, Mr. D. Paterson. The voting continued with much spirit until 2 o'clock; 218 governors attended to vote on the occasion. At the closing of the poll a scrutiny took place, after which the voting was announced to be as follows:—Mr. Whittle. 99; Mr. Alanson, 55; Mr. Paterson, 54. Mr. Whittle was of course declared duly elected.”

*New Adhesive Plaster.*—In addition to the manufacturers of this article, already referred to in the Journal, Messrs. Brewers, Stevens & Cushing, a long-established house, in excellent and extensive repute for the good quality of their medicines, keep for sale that which is prepared by Dr. Palmer, and which he calls by the name of Collodion. It is one of the most convenient and elegant articles ever discovered, for facilitating a cure in surgical cases. Leech bites, incised wounds, cuts on the face in shaving, burns, excoriations, chilblains, and even sore nipples, that exceedingly painful malady, are now represented to be greatly benefited, if not readily cured, by dressing with this most extraordinary adhesive fluid. Messrs. Brewers, Stevens & Cushing have it in phials of various sizes, accompanied by copious directions for using it successfully—and better still, the price of the collodion places it within the reach of all.

*American Medical Association.*—By our exchanges we perceive that the various medical institutions of the country will be generally represented in the approaching meeting of the Association. The Counsellors of the Medical Society of Massachusetts have appointed *fifty* delegates. How many more will be appointed by other bodies in that State we know not;



but at that rate, throughout the country, the number of the whole will be great indeed. Several county societies in Pennsylvania have appointed their representatives, as have all the associations and institutions of Philadelphia. Of the names of all these we have not been informed, but the following we know to have been appointed:—

*Jefferson Medical College.*—Professors Huston and Pancoast.

*College of Physicians.*—Drs. Hays, Jackson, Bond, Condie, Fox, A. Stillé, Pepper, King, J. R. Paul, and C. D. Meigs.—*Med. Examiner.*

*Professor Chapman.*—The medical class of the University of Pennsylvania, to testify their respect for their venerable Professor of the Theory and Practice of Medicine, Dr. N. Chapman, have had his portrait painted by Sully, in the best style of that distinguished artist. Besides being a beautiful specimen of art, it is said to be an accurate likeness. On the 22d ult. it was presented with appropriate ceremonies to the Wistar Museum of the University, to be placed by the side of those of the Professor's former colleagues—Physic and Dewees.—*Ibid.*

*The Mississippi State Medical Society.*—The Society held its annual meeting at Jackson, on the 11th of January.

Dr. S. A. Cartwright was unanimously re-elected president. Drs. Keirn, Copes, and J. W. Phillips, were elected to represent the Society, at the next meeting of the American Medical Association, to be holden in Baltimore on the first Tuesday of May next. Other important business was transacted, and measures adopted, which show that the Society is entirely engaged in promoting the interests of medical science, and helping forward the great work of medical reform.—*N. Y. Jour. of Medicine.*

*The late Mr. Liston.*—A meeting of the friends and admirers of this distinguished surgeon was held last week, at the residence of Mr. Durancé George (the Most Noble the Marquis of Anglesey in the chair), for the purpose of raising some monument to the memory of the lamented deceased. It was stated that the noble chairman had expressed his intention to subscribe £50 towards the funds necessary for carrying out the object of the meeting. His Grace the Duke of Buccleugh also subscribed a similar munificent amount. The meeting was adjourned for the further consideration of the subject.

*To CORRESPONDENTS.*—A paper from Mr. S. L. Bigelow came too late for insertion this week, and will appear in our next. The following communications have also been received—On Marine Hospitals; Case of Stricture of the Intestines, by Dr. Webber; the new Adhesive Plaster, by J. P. Maynard.

**DIED.**—In Middle Haddam, Conn., Dr. Charles Smith, 47.

*Report of Deaths in Boston*—for the week ending April 8th, 64.—Males, 32—females, 32—Stillborn, 5. Of consumption, 17—typhus fever, 3—lung fever, 2—smallpox, 1—dropsy, 2—dropsy on the brain, 3—child-bed, 2—croup, 2—tumor, 2—teething, 3—infantile, 6—marasmus, 1—disease of the heart, 2—disease of the brain, 2—diarrhoea, 1—dysentery, 3—inflammation of the bowels, 1—hemorrhage, 1—cancer, 2—convulsions, 1—inflammation of the lungs, 2—accidental, 1—worms, 1—disease of the uterus, 1—old age, 1—paralysis, 1.  
Under 5 years, 26—between 5 and 20 years, 8—between 20 and 40 years, 20—between 40 and 60 years, 6—over 60 years, 4.

**Medical Miscellany.**—One hundred and eighty-one students of the Jefferson Medical College were admitted to the degree of M.D., in 1847. Four hundred and eighty constituted the class in 1848—Dr. J. C. Martin, now Secretary of Legation, at Paris, has been nominated by the President, to be Charge d'Affaires to Rome, from the United States.—In the U. S. Marine Hospital, Chelsea, sick or disabled seamen in hospital, Jan. 1, 75; do. received during quarter ending March 31, 130; total, 205. Discharged, cured or relieved, 153; died, 10; remaining March 31, 42; total, 205.—A young lady of Lawrenceburg, Ia., had several teeth extracted recently, while under the influence of chloroform. For several days she remained in a lethargic state, and has since lost the sight of one of her eyes.—At Mill Bank, Ayton, England, a young boy who, while falling from a tree, nearly severed his tongue in two, refused to allow it to be stitched together. Dr. Colvil applied chloroform, and, while the boy was under its influence, performed the operation.—A druggist's apprentice, at Aberdeen, while weighing an ounce of chloroform, put some on his handkerchief and applied it to his mouth and nostrils. He became much excited, then laid his head on the counter, and died. He had been in the habit of inhaling it for amusement and pleasurable excitement.—An institution is about to be established, in England, under the auspices of the Archbishop of York, the bishops of London, Lichfield, Salisbury, Ripon, Gloucester, and Norwich, and a large number of eminent physicians, for the training of nurses for hospitals.—The number of Students for the last Course of Lectures in the Medical College of Georgia, was 151. At the close of the course, the Degree was conferred upon 52 Graduates, 42 of whom were from Georgia, 5 from South Carolina, 4 from Alabama, 1 from Tennessee.—The Southern Medical Journal says: "During the sixteen Sessions of Lectures in the Medical College of Georgia, embracing four months of each year and about 1250 Students, there has occurred but one death. Another fact on the same subject, is, that we have four persons, three white and one colored, residing in the same family, each over 80 years old. They are from the French West India Isles."

#### CONCENTRATED SYRUP OF SARSAPARILLA.

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We would moreover state, that we submit a full formula to all regular physicians, and as far as we have made known our enterprise, we have received the approval and encouragement of nearly all medical men.

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JOSEPH D. MANSFIELD, M.D.  
WM. H. WILLIS, M.D.

March 15.

#### PHYSICIANS' PRESCRIPTIONS.

We take this method to inform Physicians and others in the city, that we constantly keep all the new remedial agents and medicinal preparations of the best quality that is produced, which will be dispensed in Physician's Prescriptions at all hours, day and night, by competent persons.

No efforts will be spared on our part to render our establishment second to none in the city as a Dispensary.

Feb. 9.—reply

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*Elements of the Principles and Practice of Midwifery*, by David H. Tucker, M.D., Professor of the Principles and Practice of Medicine, and late Prof. of Midwifery in the Franklin Medical College, Philadelphia.

*Elements of General Pathology, or a Practical Treatise on the Causes, Forms, Symptoms and Results of Disease*, by Alfred Billé, M.D., Lecturer on Pathology and the Practice of Medicine, in the Philadelphia Medical Association, &c. &c.

These will be followed by works on the Diseases of Children, Minor Surgery, Internal Pathology and Therapeutics, Physiology, General or Microscopic Anatomy, Special Anatomy, Materia Medica and Therapeutics, Med. Chemistry, and the American Dissector—all of which are in a state of preparation, and will be issued at an early day. Other works to complete the series will also be added.

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March 22—41

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